



TEXAS STATE BOARD OF PHARMACY

333 Guadalupe Street, Ste. 3-600 ★ Box 21 ★ Austin, Texas 78701
512-305-8021 ★ 512-305-8082 (fax) ★ www.tsbp.state.tx.us

CORPORATION OWNERSHIP INFORMATION

Please type or print clearly (ALL blanks must be completed. If not applicable, enter N/A.)

NAME OF PHARMACY	PHYSICAL ADDRESS OF PHARMACY (Street, City, State, Zip)	
Women's Health Care Center, Inc.	2914 S Buckner Ste B Dallas, TX 75227	
MAILING ADDRESS OF PHARMACY (If different from physical)	ATTENTION TO: (Person, Department, Etc)	
—		
NAME OF CORPORATION OR LLC	ATTENTION TO:	
ADDRESS OF CORPORATION OR LLC (Street, City, State, Zip)		
FEDERAL EMPLOYER ID NUMBER (see www.IRS.gov)	TELEPHONE NUMBER (for Corp or LLC)	
94-3432832	972-703-6527	
NAME AND ADDRESS OF MALPRACTICE INSURANCE CARRIER (Provide statement if the Business will be Self-Insured)		
CM&F Group Inc 99 Hudson St 12 th FL New York, NY 10013		

CORPORATE OFFICERS/DIRECTORS (Top 4 of each.)

NOTE: The person signing the pharmacy application and ownership form must be listed below.

* Disclosure of your social security number (or federal employer identification number, if you are a partnership) is mandatory under Tex. Fam. Code Ann. §231.302 (Vernon 1999). The SSN is provided to identify persons relative to enforcement of child support payments.

NAME	TITLE		
Sherry Tenison	Director		
HOME ADDRESS (city, state, and ZIP)			
1208 Taylor Creek Dr	Mesquite, TX	75181	
HOME PHONE NUMBER	SOCIAL SECURITY NUMBER*	DATE OF BIRTH	TX PHARMACIST LICENSE # (if applicable)
469-387-8025			
Providing Address of Record Indicates You Wish the Address and Home Telephone Listed Above Maintained Confidential			
ADDRESS OF RECORD	ALTERNATE PHONE NUMBER		
1208 Taylor Creek Dr	(214) 703-6527		
CITY Mesquite	STATE Texas	ZIP 75181	

NAME	TITLE	
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TEXAS STATE BOARD OF PHARMACY

333 Guadalupe Street, Suite 3-600 Austin, Texas 78701

512-305-8000 ★ www.pharmacy.texas.gov

Clinic Pharmacy (Class D) License Application

1 Pharmacy Name & Location Address (Street, City, ZIP)		FOR TSBP USE ONLY				
Women's Health Care Center 2914 S BUCKNER Blvd Ste B DALLAS, TX 75227		License No.	Amount	Receipt No.	Applicant No.	
		5 <input type="checkbox"/> Check here if for a NEW PHARMACY <input type="checkbox"/> Check here if a CHANGE OF OWNERSHIP. If change of ownership, indicate previous name, address and license number of pharmacy: _____ _____ _____				
2 Pharmacy Telephone Number: 214 275-5256						
Pharmacy Fax Number: 214 275-5284						
Web Address:						
Email Address:						
3 Type of Ownership (check one)		6 Application Fee Payable to Texas State Board of Pharmacy				
<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Government <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other (specify) _____		\$454 Pharmacy License # of Pharmacy Balances/Scales <input checked="" type="checkbox"/> x \$25.00 \$ TOTAL DUE \$454				
4 Type of Pharmacy (check one)		7 Description of Services – Check All That Apply				
<input checked="" type="checkbox"/> Public Health <input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Alternative Visitation Schedule <input type="checkbox"/> Other (specify below): <input type="checkbox"/> Expanded Formulary <input type="checkbox"/> Home Delivery				
8 Pharmacist-in-Charge		License #	11 Anticipated Date of Opening and Hours of Operation:			
MARISSA E QUINONES		52568	7/1/2014 9-5 M-F			
(Print or type)						
9 By my signature, I acknowledge I am the pharmacist-in-charge of this pharmacy and attest that I have read and understand the laws and rules relating to this class of pharmacy. THIS SIGNATURE MUST BE NOTARIZED		12 Staff Pharmacist(s) License #				
		6/24/16	 			
Signature of Pharmacist-in-Charge		Date				
10 Subscribed and sworn to before me this		21 st	13 Registered Technician(s) Registration #			
day of June		, 20 16	 			
Notary Public						

NOTICE: A Class D pharmacy license shall not be issued to a physician's office.

Texas State Board of Pharmacy Rules define Clinic Pharmacy (Class D) as a facility/location other than a physician's office, where limited types of dangerous drugs or devices restricted to those listed in and approved for the clinic's formulary are stored, administered, provided, or dispensed to outpatients. (e.g. planned parenthood, public health).

Read Rule 291.93.

14

Class D Clinic Pharmacy

- (a) Name and Texas License Number of Medical Director: Bernard Adam, MD ~D9338
(b) Attach a copy of the Pharmacy's Policy and Procedure Manual, which must include the clinic drug formulary if requesting permission to maintain an expanded formulary or an alternative visitation schedule, see Board Rule 291.93.

15 PRIMARY OWNER OR ONE OF THE MANAGING OFFICERS MUST ANSWER THE FOLLOWING QUESTIONS:

1. Has the pharmacy, or the corporation, partnership, or other entity that owns the pharmacy, been the subject of any professional disciplinary action or are any such actions pending against this entity by a regulatory authority? (Examples: surrender, revocation, reinstatement, suspension, fine, probation, restriction). Include such information for all states, including Texas, and for all regulated professions.

*If you answered "yes" to Question #1, include the name of the Board, licensing or disciplinary authority and the date of the Order, and, if applicable, the date of the termination of the condition and/or probation.

2. Has the pharmacy, or the corporation, partnership, or other entity that owns the pharmacy, been subject to court ordered probation as related to any offense? YES NO
3. Are the customer service areas of the Pharmacy accessible to disabled persons, as defined by federal law? YES NO
4. Does the pharmacy provide translating services for customers, including translating services for a person with impairment of hearing? If yes, what type of translating services does the pharmacy provide? (check all that apply):
 1 Spanish 3 Telecommunication Device for the Deaf (TDD) 5 AT&T Translating Service YES NO
 2 Vietnamese 4 American Sign Language 6 Other
5. Does this pharmacy participate in the Texas Medicaid program? YES NO
6. Does this pharmacy participate in the Texas State Kids Insurance Program (SKIP)? YES NO

16

ATTEST: I hereby attest that the foregoing statements, on this form or those on any attachment(s) to this form are to the best of my knowledge true and correct and that they are all given of my free will. I agree that any misstatement(s) or omission(s) as to material facts will constitute violation of and subject me to the penalties set forth in the Texas Pharmacy Act. I agree to comply with the Texas Pharmacy Act and Rules.

THIS SIGNATURE MUST BE NOTARIZED:

Signature of Owner / Managing Officer

Date

Subscribed and sworn to before me this _____ day
of _____, 20 ____

Owner / Managing Officer's Name (Type or Print)

Notary Public



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333 Guadalupe Street, Ste. 3-600 Austin, Texas 78701
512-305-8021(voice) 512-305-8075 (fax) www.pharmacy.texas.gov

Corporation/Corporate Ownership Form

Type or print clearly. Complete each and every blank. If not applicable, enter N/A

DBA NAME OF PHARMACY <i>(as listed on license application)</i>			NAME OF CORPORATION <i>(owner of pharmacy)</i>		
WOMEN'S HEALTH CARE CENTER, INC			SHERRY TENISON		
PHARMACY LOCATION ADDRESS <i>(must match pharmacy application)</i>			MAILING ADDRESS OF CORPORATION <i>(owner of pharmacy)</i>		
STREET ADDRESS		SUITE/UNIT #	STREET ADDRESS		SUITE/UNIT #
2914 S BUCKNER BLVD		B	1208 TAYLOR CREEK DR		N/A
CITY	STATE	ZIP	CITY	STATE	ZIP
DALLAS	TX	75227	MESQUITE	TX	75181
DESIGNATED PERSON OF CONTACT FOR PHARMACY <i>(Authorized By Owner/Officer to Discuss Application Materials with TSBP Staff)</i>			DESIGNATED PERSON OF CONTACT FOR CORPORATION		
FULL NAME & TITLE:		Phone:	FULL NAME & TITLE:		Phone:
		Email:			Email:
PHARMACY MAILING ADDRESS <i>(if different than location address)</i>			FEDERAL TAX INFORMATION – FEDERAL EMPLOYER ID #		
STREET ADDRESS		SUITE/UNIT #	94-3432832		<i>(Required see www.IRS.gov)</i>
N/A			NAME & ADDRESS OF MALPRACTICE INSURANCE CARRIER <i>(Required)*</i>		
CITY	STATE	ZIP	CM&F GROUP INC 99 HUDSON ST 12FL NEW Y New York, NY 10013 *If self-insured, provide a written statement		

ATTEST: I hereby attest that the foregoing statements or those on any attachment(s) to this form are to the best of my knowledge true and correct and that they are all given of my free will. I agree that any misstatement(s) or omission(s) as to material facts will constitute violation of and subject me to the penalties set forth in the Texas Pharmacy Act. I agree to comply with the Texas Pharmacy Act and Rules.

THIS SIGNATURE MUST BE NOTARIZED:

Signature of Owner / Managing Officer

Date

Owner / Managing Officer's Name (Type or Print)

Subscribed and sworn to before me this

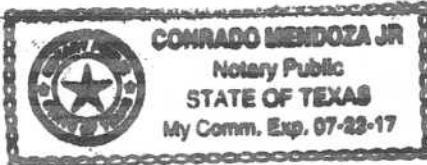
16

day of

September

,20

16



CUSTOMER USE ONLY

FROM: (PLEASE PRINT)

PHONE 214 703 6527

Women's Clinic
5505 Broadway Blvd Ste B
Garland TX 75043



EL 414579458 US

PAYMENT BY ACCOUNT (if applicable)

USPS® Corporate Acct. No.

Federal Agency Acct. No. or Postal Service™ Acct. No.

**PRIORITY
★ MAIL ★
EXPRESS™**

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

- No Saturday Delivery (delivered next business day)
- Sunday/Holiday Delivery Required (additional fee, where available*)
- 10:30 AM Delivery Required (additional fee, where available*)

*Refer to USPS.com® or local Post Office® for availability.

TO: (PLEASE PRINT)

PHONE 512 305 8021

Texas State Board of Pharmacy
333 Guadalupe St. Ste 3-600
Austin TX 78701 (TAKEN
REYES)

ZIP + 4® (U.S. ADDRESSES ONLY)

- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
- \$100.00 insurance included.

ORIGIN (POSTAL SERVICE USE ONLY)

<input type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
PO ZIP Code	Scheduled Delivery Date (MM/DD/YY)	Postage	
75149	9/28/16	\$ 22.95	
Date Accepted (MM/DD/YY)	Scheduled Delivery Time	Insurance Fee	COD Fee
7/27/16	<input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input type="checkbox"/> 12 NOON	\$	\$
Time Accepted	10:30 AM Delivery Fee	Return Receipt Fee	Live Animal Transportation Fee
8:52 X	\$	\$	\$
Weight	Sunday/Holiday Premium Fee	Total Postage & Fees	
lbs. ozs.	\$	22.95	
Accepted Employee Initials RD			

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY)	Time	Employee Signature
	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt (MM/DD/YY)	Time	Employee Signature
	<input type="checkbox"/> AM <input type="checkbox"/> PM	

LABEL 11-B, SEPTEMBER 2015 PSN 7690-02-000-9996

2-CUSTOMER COPY

CUSTOMER USE ONLY

FROM: (PLEASE PRINT)

PHONE 214 703 6527

Tenison
5505 Broadway Blvd
Garland, TX 75043



EL 526585864 US

**PRIORITY
★ MAIL ★
EXPRESS™**

PAYMENT BY ACCOUNT (if applicable)

USPS® Corporate Acct. No.

Federal Agency Acct. No. or Postal Service™ Acct. No.

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

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- Sunday/Holiday Delivery Required (additional fee, where available*)
- 10:30 AM Delivery Required (additional fee, where available*)

*Refer to USPS.com® or local Post Office® for availability.

TO: (PLEASE PRINT)

PHONE 512 305 8021

Texas state board of Pharmacy
333 Guadalupe St.
Ste. 3-600
Austin, Texas

ZIP + 4® (U.S. ADDRESSES ONLY)

787 01

■ For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.

■ \$100.00 insurance included.

ORIGIN (POSTAL SERVICE USE ONLY)

<input type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
PO ZIP Code	Scheduled Delivery Date (MM/DD/YY)	Postage	
75043	9-19-16	\$ 27.95	
Date Accepted (MM/DD/YY)	Scheduled Delivery Time	Insurance Fee	COD Fee
9-16-16	<input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input type="checkbox"/> 12 NOON	\$	\$
Time Accepted	10:30 AM Delivery Fee	Return Receipt Fee	Live Animal Transportation Fee
2:16 X	\$	\$	\$
Weight	Sunday/Holiday Premium Fee	Total Postage & Fees	
lbs. ozs.	\$	27.95	
Accepted Employee Initials JL			

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY)	Time	Employee Signature
	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt (MM/DD/YY)	Time	Employee Signature
	<input type="checkbox"/> AM <input type="checkbox"/> PM	

LABEL 11-B, SEPTEMBER 2015 PSN 7690-02-000-9996

2-CUSTOMER COPY